TOTAL

ADDIT. FEE

OR

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection							A DUBLICATION OF FORKEL NATION				
PATENT APPLICATION FEE DETERMINATION RECORD							9/2	54	£3,(	e8 k	
CLAIMS AS FILED - PART I (Column 2)					SMALL EN	TITY		MALL EN			
FOR			(Column 1) NUMBER FILED		NUMBER EXTRA		FEE	Γ	RATE	FEE	
FOR		NOMBER	NOMBERTIESS								
	IC FEE FR 1.16(a))						\$	OR		s	
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20 = *		*			OR L	· \$ =		
INDEPENDENT CLAIMS (37 CFR 1.16(b))		S	minus 3 =		*			OR ;	· =		
	LTIPLE DEPENDE	NT CLAIM PRESE	CLAIM PRESENT (37 CFR 1.16(d))			÷ =		OR +	=	=	
<u> </u>	* If the difference in column 1 is less then zero, enter "0" in column 2							OR	TOTAL		
* If the	CLAIMS AS AMENDED - PART II					SMALL E	NTITY	OD	OTHER TH SMALL EN	i	
AMENDMENT &		CLAIMS REMAINING AFTER MENDMENT	P	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total *	<del>, , , , , , , , , , , , , , , , , , , </del>	Minus *	* 44	= 1	x \$=		OR OR	x \$ =		
	Independent * (37 CFR 1.16(b))	3	Minus *	** 3	= 4	x =		OR	x=		
	FIRST PRESEN	+· =		OR	.t =						
	(Column 1) (Column 2) (Column 3)							OR A	TOTAL DDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
		*	Minus	**	=	x \$=		OR OR	x \$=		
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR L16(d))					+=	:	OR	+=	=	
						TOTA ADDIT. FEI	B C	OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)						7		7	Γ	1	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$	=	OR OR	x \$=	=	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x	=	_ OF			
□			was to exce	SENINGMET CLAIM	(37 CFR 1.16(d))	1 14	<b>≠</b>	OF	· []	= [	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Ine\_Tignest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

Any comments on the amount-of-time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

(37 CFR 1.16(d))

TOTAL